2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P06000084511** 07-24-2007 90039 044 ***150.00 PRETTY CARPET & UPHOLSTERY CLEANING SERV. INC. Principal Place of Business Mailing Address 3260 HEIDER ROAD 3260 HEIDER ROAD 4014910 TITUSVILLE, FL 32796 TITUSVILLE, FL 32796 2. Principal Place of Business - No P.O. Box #2000 Helder Rd 3. Mailing Address SAH 9 Suite, Apt. #, etc. Suite, Apt. #, etc. 07162007 Chg-P CR2E034 (12/06) City & State City & State Applied For Titusville Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Breva Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ-MARTINEZ, ARIEL SR Street Address (P.O. Box Number is Not Acceptable) 3260 HEIDER ROAD TITUSVILLE, FL 32796 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Defete ☐ Change ☐ Addition NAME GOMEZ-MARTINEZ, ARIEL SR. NAME 3260 HEIDER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32796 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: _ AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 24, 2007 8:00 am